



2021 Rates



Health Insurance

Anthem Blue Cross and Blue Shield

TOTAL COST

YOUR MONTHLY COST

BlueAdvantage Point of Service Plan (HMO/POS) and Prime Blue Priority PPO Plan

| | | |
|-----------------------|------------|----------|
| Employee Only | \$676.00 | \$270.00 |
| Employee + Spouse | \$1,621.00 | \$648.00 |
| Employee + Child(ren) | \$1,487.00 | \$595.00 |
| Employee + Family | \$1,864.00 | \$746.00 |

Blue Priority HMO Plan

| | | |
|-----------------------|------------|----------|
| Employee Only | \$622.00 | \$249.00 |
| Employee + Spouse | \$1,492.00 | \$597.00 |
| Employee + Child(ren) | \$1,369.00 | \$548.00 |
| Employee + Family | \$1,770.00 | \$687.00 |

2500 HDHP Plan

| | | |
|-----------------------|------------|----------|
| Employee Only | \$521.00 | \$208.00 |
| Employee + Spouse | \$1,247.00 | \$499.00 |
| Employee + Child(ren) | \$1,145.00 | \$458.00 |
| Employee + Family | \$1,436.00 | \$574.00 |



Dental Insurance

Anthem Blue Cross and Blue Shield

Anthem Dental Essential Choice PPO

| | | |
|-----------------------|----------|---------|
| Employee Only | \$38.95 | \$19.00 |
| Employee + Spouse | \$88.09 | \$44.00 |
| Employee + Child(ren) | \$84.39 | \$42.00 |
| Employee + Family | \$101.08 | \$50.00 |



Vision Insurance

Anthem Blue Cross and Blue Shield

Blue View Voluntary Vision Plan

| | | |
|-----------------------|---------|---------|
| Employee Only | \$8.68 | \$8.42 |
| Employee + Spouse | \$16.26 | \$15.77 |
| Employee + Child(ren) | \$16.26 | \$15.77 |
| Employee + Family | \$23.62 | \$22.91 |



Basic Term Life Insurance (Life and AD&D)

Anthem Life (premiums per \$10,000 of coverage)

Active Employees

\$0.28/\$1,000

\$0.00



Group Long Term Disability

Sun Life

Active Employees

\$0.156/\$100

\$0.084/\$100

Paid to a maximum salary of \$10,500 per month



Flexible Benefit Plan Administrative Fee

24HourFlex

One or Both Spending Accounts

\$3.75

\$0.00



Voluntary Term Life Insurance (Employee and/or Spouse)

Sun Life (per \$1,000 of coverage)



Voluntary Critical Illness Insurance (Employee and/or Spouse)

Sun Life (per \$1,000 of coverage)

Attained Age

Uni- Smoker

<25

\$0.039

25-29

\$0.042

30-34

\$0.053

35-39

\$0.063

40-44

\$0.076

45-49

\$0.135

50-54

\$0.213

55-59

\$0.388

60-64

\$0.524

65-69

\$0.912

70-74

\$1.463

75-79

\$2.888

80-84

\$4.168

85-99

\$7.325

Child Term Life (per \$5,000 up to \$25,000 per child)

\$0.90 per \$5,000 per month

Attained Age

Uni- Smoker

<25

\$0.034

25-29

\$0.039

30-34

\$0.510

35-39

\$0.710

40-44

\$1.090

45-49

\$1.610

50-54

\$2.310

55-59

\$3.230

60-64

\$4.000

65-69

\$4.630

70-74

\$5.940

75+

\$8.110

Child Benefit

\$0.200



Accident Insurance

Sun Life

Employee Only

\$5.60

Employee + Spouse

\$9.29

Employee + Child(ren)

\$10.20

Employee + Family

\$13.89



Accidental Death & Dismemberment

Sun Life (per \$1,000 of coverage)

Employee Only

\$0.020

Employee & Family

\$0.029

